

# SAFETY MANAGEMENT CERTIFICATE

*Issued under the provisions of the*

## INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974, as amended



*Under the authority of the Government of*

**THE UNITED STATES OF AMERICA**

by the UNITED STATES COAST GUARD

Name of ship: \_\_\_\_\_  
 Distinctive number or letters: \_\_\_\_\_  
 Port of registry: \_\_\_\_\_  
 Type of ship\*: \_\_\_\_\_  
 Gross tonnage \_\_\_\_\_  
 IMO Number: \_\_\_\_\_  
 Name and address of Company: \_\_\_\_\_

(see paragraph 1.1.2 of the ISM Code)

THIS IS TO CERTIFY THAT the safety management system of the ship has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code) following verification that the Document of Compliance for the Company is applicable to this type of ship.

This Safety Management Certificate is valid until \_\_\_\_\_, subject to periodical verification and the validity of the Document of Compliance

Issued at \_\_\_\_\_  
 (place of issue of the document)



Date of Issue: \_\_\_\_\_

\* Insert the type of ship from among the following: passenger ship, passenger high-speed craft, cargo high-speed craft, bulk carrier, oil tanker, chemical tanker, gas carrier, mobile offshore drilling unit, other cargo ship.

The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-MOC), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0017), Washington, DC 20503.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

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### ENDORSEMENT FOR PERIODICAL VERIFICATION AND ADDITIONAL VERIFICATION (IF REQUIRED)

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation 6 of chapter IX of the Convention, the safety management system was found to comply with the requirements of the ISM Code.

INTERMEDIATE VERIFICATION  
(to be completed between the **second**  
and the **third** anniversary date.)

Signed: \_\_\_\_\_  
(Signature of authorized official)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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ADDITIONAL VERIFICATION\*

Signed: \_\_\_\_\_  
(Signature of authorized official)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

ADDITIONAL VERIFICATION\*

Signed: \_\_\_\_\_  
(Signature of authorized official)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

ADDITIONAL VERIFICATION\*

Signed: \_\_\_\_\_  
(Signature of authorized official)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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\* If Applicable